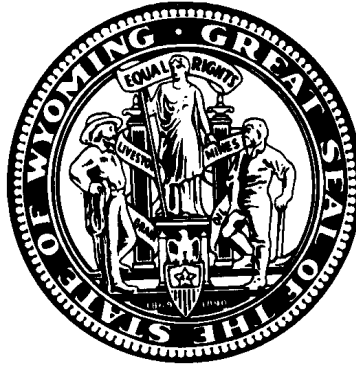


State of Wyoming



Department of Health

Wyoming Breast and Cervical Cancer Early Detection Program Participating Healthcare Provider Manual

Brent D. Sherard, M.D., M.P.H., Director and State Health Officer

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Wyoming Breast and Cervical Cancer Early Detection Program Participating HealthCare Provider Manual

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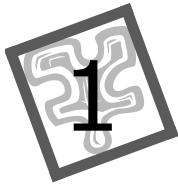
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Table of Contents

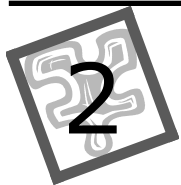
	Page
1. Program Overview	4
2. Purpose of the Provider Manual	4
3. Staff Directory	5
4. Enrollment	5
Client Eligibility and Enrollment	5
Client Enrollment by Provider	7
Provider Enrollment	7
5. Covered and Non-Covered Services	8
Covered Services	8
Non-Covered Services	9
6. Breast, Cervical Pre-Cancer, and Cervical Cancer Treatment	10
7. Communication and Clinical Documentation Requirements	11
Healthcare Provider Communication with WBCCEDP Participants	11
Healthcare Provider Communication with Other Enrolled Providers	11
Clinical Documentation Requirements	11
8. Billing Instructions	12
Which Form to Use	12
Reimbursement Policy	13
9. Quality Assurance	14
Provider Credentials	14
Quality Management and Utilization Review	15



Program Overview

Congress established the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in 1991 by enacting the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). This act authorizes the Centers for Disease Control and Prevention (CDC) to partner with state health departments and territorial and tribal health agencies to provide breast and cervical cancer screening services to underserved women with low incomes and women of racial and ethnic minority groups. In addition, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) gives programs the option to provide treatment services through Medicaid to eligible women found to have breast or cervical cancer, or high grade cervical pre-cancer, through the NBCCEDP.

The Wyoming Department of Health's Preventive Health and Safety Division receives funding from CDC to implement the Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) also known as Women's Health Source. The goal of this program is to reduce morbidity and mortality due to breast or cervical cancer in medically underserved Wyoming women through education, screening, diagnosis, and treatment. Additionally, the WBCCEDP provides tracking, follow-up, and case management for enrolled women. Other program components include professional development, quality assurance, partnerships and coalitions, surveillance, evaluation, and program management.



Purpose of the Provider Manual

The purpose of this document is to provide guidance to WBCCEDP participating health care providers regarding program policies and procedures. This manual is available on the WBCCEDP website <http://www.health.wyo.gov/PHSD/bccedp/index.html>

Participating healthcare providers will also receive periodic written updates and notification of any additional program policy changes, as needed.



Staff Directory

The WBCCEDP team is available to provide assistance from 7:30 a.m. to 5:00 p.m. Contact us by calling 1-800-264-1296, faxing to 307-777-3765, or selecting from the following:

Team Member	Phone	Email Address
Enrollment Specialist/Admin. Assistant	(307) 777-3699	Sencion.cortez@health.wyo.gov
Clinical Coordinator/Case Manager	(307) 777-7461	Carolyn.johnson@health.wyo.gov
Data Manager/Billing Coordinator	(307) 777-3769	Lieve.worthington@health.wyo.gov
Billing/Records Specialist	(307) 777- 8605	Nicole.motter@health.wyo.gov
Professional Devl./Recruitment Coord.	(307) 777-3480	Denise.padilla@health.wyo.gov
Program Manager	(307) 777-6006	Carol.peterson1@health.wyo.gov



Enrollment

Client Eligibility and Enrollment

Qualifications for Enrollment: *Women must meet criteria in each of the following three categories: (a) age / symptoms (b) income and (c) insurance.* All women must complete an application form and submit it to the WBCCEDP for approval. Women who are not eligible for enrollment in the WBCCEDP are referred to other resources.

Eligibility Criteria: Age / Symptoms:

Age: 50-64 years. Any woman in this age group (asymptomatic or symptomatic).

Age 30-64: Any woman in this age group that has not had a Pap test in the past 5 years.

Age 40-49: Any woman with a previous personal history of breast cancer.

Other potentially eligible women:

- An abnormal clinical breast exam (CBE), mammogram, or other diagnostic testing suspicious for cancer (age 18-64).
 - If diagnostic results are benign for breast cancer, women under the age of 50 are dis-enrolled and referred to other screening resources.
 - If a woman does not meet these criteria, but the healthcare provider considers her to be at high risk for breast cancer due to other reasons, the healthcare provider must send a letter to the program indicating the reasons they believe an exception should be made in this case. Program staff will take the request to our Medical Advisory Council for their review.
- Women any age with a breast biopsy positive for breast cancer **if the diagnosis is within the past three months.**
 - The criterion for transition to Medicaid for treatment of breast cancer is a biopsy positive for breast cancer.
- Women < 30: with a Pap test of HSIL or ASC-H (***ASCUS with high risk HPV is not eligible***), or
- Women ≥ 30: ASCUS with high risk HPV, ASC-H, persistent LSIL (3 or more), or HSIL.
 - **Abnormal Pap results must have been obtained within the previous three months.**
 - If a woman does not meet these criteria, but the healthcare provider considers her to be at high risk for cervical cancer due to other reasons, the healthcare provider must send a letter to the program indicating the reasons they believe an exception should be made in this case. Program staff will take the request to our Medical Advisory Council for their review.
- Women any age with a cervical biopsy of CIN II, III, CIS, AGC due to cervical reasons or Cervical Cancer **if the diagnosis is within the past three months.**
 - The criterion for transition to Medicaid for treatment is colposcopy with biopsy results of CIN II, CIN III, AGC due to cervical reasons, CIS or Cervical Cancer.

Note: *Documentation of the abnormal breast or cervical screening or diagnostic tests results must be submitted with the application form or forwarded to the WBCCEDP by a healthcare professional.*

Age: 65 years or older: Women without Medicare Part B benefit are potentially eligible.

Eligibility Criteria: Low-Income: In addition to age/symptom criteria, in order to be eligible women's gross household income must be at or under 250% of the federal poverty level. Federal poverty level guidelines change every year. ***Our Program Income Guidelines table is now posted on our web site:*** <http://www.health.wyo.gov/PHSD/bccedp/index.html>

Eligibility Criteria: Lack of Health Insurance Coverage: In addition to age and income criteria, women are potentially eligible for the WBCCEDP if they are uninsured – meaning they do *NOT* have (a) health insurance, (b) Medicare Part B, or (c) Title 19 (Medicaid).

Note regarding citizenship: *Women are not required to be a U.S. citizen to enroll in and receive services through WBCCEDP. However, should a woman need to be transitioned to Medicaid for treatment – documentation will be requested by Medicaid at that time.*

Client Enrollment by Provider

Participating healthcare professionals may assist women and expedite the application process by the completion of an application form in their office or clinic. Application forms and postage-paid envelopes can be obtained by calling the WBCCEDP office. Applications are also available on the WBCCEDP website: <http://www.health.wyo.gov/PHSD/bccedp/index.html>. **Please use the most current version of this form, which is on the web site.**

If the application is being completed in the provider's office, enrollment can be expedited by faxing the signed, completed form to the state office (fax # 307-777-3765) during regular business hours.

If a woman is in need of breast or cervical cancer treatment, please call us immediately at 1-800-264-1296.

Provider Enrollment

Healthcare providers are enrolled into the WBCCEDP through the contractual process. This contract outlines special provisions in regards to the terms and conditions for participating healthcare providers, including payment for services. As part of this agreement, participating providers are required to provide the WBCCEDP with copies of licenses or other credentials (a) with the initial provider enrollment application and (b) when a new provider joins an already existing practice that has a contract in place.

A current list of WBCCEDP-enrolled healthcare providers can be printed from our web site <http://www.health.wyo.gov/PHSD/bccedp/index.html> or can be requested by calling 1-800-264-1296.



Covered and Non-Covered Services

Covered Services

Current Procedural Terminology (CPT) Code Sets. The WBCCEDP reimburses for a limited number of medical services in accordance with CDC policies. A listing of reimbursable CPT codes, including allowable modifiers and the current rate of reimbursement, is updated at least annually and is available on the WBCCEDP website <http://www.health.wyo.gov/PHSD/bccedp/index.html> . Please use the most recent CPT Code List.

The WBCCEDP defines consultation as a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another enrolled healthcare provider.

Pre-Notification of Breast Biopsies: In order to better manage our funds, we are now asking all healthcare providers to please notify us in advance that a breast biopsy is being scheduled for any women enrolled in this program and the type of biopsy that will be performed (if known).

Short Term and Follow-up Tests:

- Repeat Pap tests, mammograms, breast ultrasound and clinical breast exams (CBE) are approved for short term follow-up at intervals less than one year.
- A repeat Pap test when specimen adequacy is deemed “unsatisfactory” is also covered.
- Follow-up surgical consultation after breast biopsy is a covered service.
- Follow-up consultation after a colposcopy if treatment is needed.

HPV Testing: This is a covered service for women 30 and older following an ASCUS Pap result.

WBCCEDP can only pay for a vaginal smear if the woman has previously had a hysterectomy for cervical cancer.

Note: Refer to Appendix A & B for the WBCCEDP’s Algorithm for Cervical Screening/Pap Abnormalities and Algorithm for Screening Mammogram Results According to BIRADS for additional information regarding the standards of care for women enrolled in this program.

Non-Covered Services

Services not covered by the WBCCEDP include, but are not limited to:

- Telephone consultation
- A second office visit, which is made to complete a pelvic examination, Pap test, and CBE. All of these procedures should be completed in one office visit.
- Inpatient hospital services
- Excision of benign breast cyst/lesion (*must be suspicious for cancer*)
- Evaluation of vaginal or vulvar lesions
- Removal of polyps
- Blood work.
- Urine analysis
- Chest x-ray
- EKG
- Pelvic ultrasound
- CAD (Computer Aided Detection)
- Bone scan
- Colposcopy as part of a LEEP
- Repeat Pap test performed simultaneously with colposcopy or colposcopy with biopsy (unless more than four months have passed since the initial Pap test was performed)
- Endometrial biopsy
- Uterine biopsy
- D & C
- Nuclear studies
- MRI
- Prescriptions
- Anything related to other cancers (including the uterus, vagina, vulva, ovaries, etc.)
- Missed appointments may be billed to the patient
- Treatment for breast, cervical, and pre-cervical cancer (see note below)

Note: Although the WBCCEDP does not reimburse for breast, cervical cancer, and pre-cancer treatment, program staff do facilitate enrolled women's transition to Medicaid for cancer treatment.



Breast, Cervical Pre-Cancer, & Cervical Cancer Treatment

Medicaid (EqualityCare) Cancer Treatment Benefits

Full Medicaid benefits are available to women who qualify for and are enrolled in the WBCCEDP at the time of breast cancer, cervical cancer, or cervical pre-cancer diagnosis (see pages 5 & 6) **and** who meet the following criteria:

Eligibility

- Women enrolled in the WBCCEDP and who have received screening and/or diagnostic services from a participating WBCCEDP provider;
- United States citizen;
- Resident aliens may be eligible if they meet Medicaid criteria for documented immigrants;
- Non-citizens who are not deemed eligible for full Medicaid coverage by Medicaid may qualify for some limited emergency treatment.

Eligibility Period

- Coverage extends for the duration of the breast, cervical, and cervical pre-cancer treatment as long as the woman is under age 65 and does not have other health insurance coverage.
- Once the course of treatment is complete, the woman will be dis-enrolled from Medicaid.
- A woman is not limited to one period of Medicaid eligibility. Once released from Medicaid, a woman may reapply to the WBCCEDP and be considered for reenrollment. Should there be a recurrence of the breast or cervical cancer, she may be transitioned to Medicaid again for further cancer treatment.

Application and Enrollment for Medicaid (EqualityCare)

- Physicians must complete the WBCCEDP Certification of Diagnosis and Need for Treatment Form.
- This form can be obtained by calling the WBCCEDP at 1-800-264-1296.

Case Management Services While Enrolled with Medicaid (EqualityCare)

- Case management services are provided by APS Healthcare while women are receiving Medicaid benefits for breast cancer, cervical pre-cancer, or cervical cancer.
-



Communication and Clinical Documentation Requirements

Healthcare Provider Communication with WBCCEDP Participants

The WBCCEDP recognizes that the primary channel of communication regarding healthcare issues is between the healthcare provider and the patient. It is the responsibility of the healthcare provider to conduct follow-up and to notify enrolled patients of test results, the need to reschedule missed appointments, and the need for further evaluation due to suspicious or abnormal initial test results.

The WBCCEDP cannot cover program-enrolled patients' healthcare costs beyond those listed on the CPT code set now available on our program website

<http://www.health.wyo.gov/PHSD/bccedp/index.html>. **All women are provided a list of services that are and are not covered by the WBCCEDP when they first enroll, however, the healthcare provider's staff will need to clarify this for women.** *It is the responsibility of the primary healthcare provider to notify WBCCEDP participants of procedures that they are recommending which are not covered by the WBCCEDP and that the patient will be financially responsible for.*

The time from screening/diagnosis to notification of the patient must be done in a timely manner. *If highly suspicious of malignancy, every attempt must be made to notify the patient as soon as possible.* If the healthcare provider is having difficulty locating the patient or getting a timely response from the patient, please contact the WBCCEDP for assistance.

Healthcare Provider Communication with Other Enrolled Providers

In order for services to be covered, *enrolled healthcare providers must only refer WBCCEDP participants to other WBCCEDP-enrolled providers and only send pathology specimens to enrolled laboratories.* A list of currently enrolled healthcare providers is furnished to all providers upon their enrollment and *is updated several times annually.* Please see program website for most recent provider listing <http://www.health.wyo.gov/PHSD/bccedp/index.html> Please call the WBCCEDP if a healthcare provider's status in this program is unclear.

Note: It is permissible to forward a copy of a woman's application enrollment form containing the 'consent/release of information authorization' to other program enrolled providers to facilitate this exchange of information.

Clinical Documentation Requirements

Reports of the healthcare provider findings and recommendations: As part of the provider Services Contract, participating healthcare providers agree to provide the following

- Screening Form
 - The screening form must include the results of the pelvic examination, Pap test and clinical breast examination.
 - Receipt of the screening form is required to be submitted along with the bill for the office visit.
 - If a screening or diagnostic form, or a laboratory report, or radiology report is not attached to the bill – the bill will be returned to you.
 - Submission of abnormal screening results (indicated on the Screening and/or Diagnostic Form) as soon as possible expedites any follow-up services needed.
 - *Until the appropriate screening form is completed and received by the WBCCEDP, no claims for diagnostic work-ups can be paid to the healthcare provider.*
- Diagnostic Forms: Breast and Cervical

When any breast and/or cervical cancer-screening test yields a result that is suspicious for cancer, the time from screening to the final diagnosis must be no more than sixty (60) days. This is a program performance requirement of CDC. (Refer to Section 9, Quality Management and Utilization Review.)

Ordering Forms. A supply of clinical screening and diagnostic forms are distributed to healthcare providers upon enrollment. Additional forms may be ordered from the WBCCEDP by calling 1-800-264-1296 or retrieved from the WBCCEDP website:

<http://www.health.wyo.gov/PHSD/bccedp/index.html>



Billing Instructions

Which Form to Use

The WBCCEDP uses two different billing forms based on provider type:

- Hospitals: Uniform Billing (UB)-92
- All Other Providers: Centers of Medicare and Medicaid Services (CMS)-1500 (previously the HCFA-1500)

For guidance in completing the UB-92 and the CMS-1500, consult the Equality Care General Provider manual by Affiliated Computer Systems (ACS). The WBCCEDP contracts with ACS for claims processing. Please continue to contact the WBCCEDP with billing or claims questions. **Do not send claims directly to ACS.** The WBCCEDP *does not* supply UB-92 or HCFA 1500 forms.

Reimbursement Policy

All claims are reviewed by WBCCEDP staff members for missing information and necessary attachments. Radiologists and laboratories are required to attach the recipient's report to the bill*. Claims and checks are processed weekly in accordance with policies set by the State Auditor's Office.

An "Explanation of Medical Benefits" (EOMB) accompanies each reimbursement check or denial. The EOMB is the written billing communication tool between the healthcare provider and the WBCCEDP. It explains what has happened to the claims submitted for payment, if they are denied, and reason for denial. Each EOMB lists all claims denied or pending.

The WBCCEDP reimbursement amount is considered *payment in full* as noted in the contract between the WBCCEDP and the provider (Section 4, Payment, Part A). An explanation of when a provider may bill a program-enrolled patient is also outlined. The WBCCEDP also adheres to the timely filing requirements outlined in the same reference contract, Section 5, Responsibilities of Contractor, Part D.

***Health Insurance Portability Accountability Act (HIPAA) (45 CFR 164.506).** The Wyoming Department of Health WBCCEDP is a covered entity. A covered entity may, without the individual's authorization use or disclosure protected health information for its own treatment, payment, and healthcare operations activities. For example:

- A healthcare provider may disclose protected health information about an individual as part of a claim for payment to a health plan.
- A healthcare provider may send a copy of an individual's medical record to a specialist who needs the information to treat the individual.
- A covered entity may disclose protected health information for the treatment activities of any healthcare provider (including providers not covered by the Privacy Rule).



Quality Assurance

Provider Credentials

Participating physicians, physician assistants, and nurse practitioners are required to:

- Hold a current license to practice;
- *Utilize the WBCCEDP enrolled laboratories, radiology facilities and specialist consultants as needed for further diagnostic or treatment services. Check our web site for the most recent version of the Enrolled Provider List as this changes frequently <http://www.health.wyo.gov/PHSD/bccedp/index.html> .*

Physician assistants must receive medical supervision from a licensed Wyoming physician whose defined scope of practice includes breast and cervical cancer screening and diagnostic services.

Nurse practitioners must have a cooperative referral agreement with a licensed Wyoming Physician whose defined scope of practice includes breast and cervical cancer screening and diagnostic services.

Participating radiology facilities are required to:

- Be accredited by the American College of Radiology (ACR) *and*
- Be certified by the Food and Drug Administration (FDA) under the Mammography Quality Standards Act of 1992;
- Submit documentation of ACR accreditation and FDA certification with the enrollment application.

Participating laboratories are required to:

- Meet all requirements of the Clinical Laboratories Improvement Act (CLIA) of 1988;
- Submit documentation of Certificate of Accreditation with the enrollment application;
- Continuing enrollment of non-Medicaid providers: Submit a copy of the Certificate of Accreditation within 60 days of renewal.

Quality Management and Utilization Review

WBCCEDP policies are established in accordance with grant guidelines from the CDC concerning adequacy and timeliness of care. CDC's evaluation of our compliance is based on information provided to us by you on the clinical documentation (screening and diagnostic) forms and through copies of clinical reports you provide to us.

Repeated time intervals in excess of CDC's guidelines do affect our program's future CDC funding levels and thus the amount of money we have for reimbursement for services. Therefore we request your cooperation in providing information to us in a timely manner.

A copy of CDC's guidelines is available on request.

Healthcare provider vigilance in maintaining compliance is vital for the women being served as well as for the health of this program. Your assistance is *greatly* appreciated!

Please visit our web site periodically for program updates.

<http://www.health.wyo.gov/PHSD/bccedp/index.html>

Please call us if you have questions or if we can be of assistance in any way!

1-800-264-1296

Thank you for participating in this program!

The Breast and Cervical Cancer Program Staff

